

**FILED**

JUN 9 2008

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

M

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA**

ROBERT J. ALEXANDER III

Plaintiff,

CASE NO. \_\_\_\_\_

08-2727 MMC

vs.  
California Prison Advocacy Project;  
Program; The State of California Prison  
Authority; Attorney Mark Demming (SN# 126831)  
Board of Parole Hearings/ Defendant.  
CPR Inc, ACDC, Chief Inmate Appeals et al.

**PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS** **MMC  
(PR)**

I, Robert J. Alexander, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \_\_\_\_\_ Net: \_\_\_\_\_

Employer: \_\_\_\_\_

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 (AAA) Oakland Auto Guardian 23.00 monthly net  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment

11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?

13 c. Rent payments? Yes \_\_\_ No X

14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?

16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes X No \_\_\_

24 Spouse's Full Name: Sevon Atias

25 Spouse's Place of Employment: Applebees Restaurant

26 Spouse's Monthly Salary, Wages or Income: minimum wage of California

27 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

28 4. a. List amount you contribute to your spouse's support: \$ N/A

1 b. List the persons other than your spouse who are dependent upon you for  
 2 support and indicate how much you contribute toward their support. (NOTE:  
 3 For minor children, list only their initials and ages. DO NOT INCLUDE  
 4 THEIR NAMES.).

5 S.E.A. birth date due 8-08  
 6 \_\_\_\_\_

7 5. Do you own or are you buying a home? Yes \_\_\_\_ No ☒

8 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_

9 6. Do you own an automobile? Yes \_\_\_\_ No ☒

10 Make \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

11 Is it financed? Yes \_\_\_\_ No \_\_\_\_ If so, Total due: \$ \_\_\_\_\_

12 Monthly Payment: \$ \_\_\_\_\_

13 7. Do you have a bank account? Yes \_\_\_\_ No ☒ (Do not include account numbers.)

14 Name(s) and address(es) of bank: \_\_\_\_\_

15 \_\_\_\_\_

16 Present balance(s): \$ \_\_\_\_\_

17 Do you own any cash? Yes \_\_\_\_ No ☒ Amount: \$ \_\_\_\_\_

18 Do you have any other assets? (If "yes," provide a description of each asset and its estimated  
 19 market value.) Yes \_\_\_\_ No ☒

20 \_\_\_\_\_

21 8. What are your monthly expenses? N/A incarcerated

22 Rent: \$ \_\_\_\_\_ Utilities: \_\_\_\_\_

23 Food: \$ \_\_\_\_\_ Clothing: \_\_\_\_\_

24 Charge Accounts:

25	<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
26	_____	\$ _____	\$ _____
27	_____	\$ _____	\$ _____
28	_____	\$ _____	\$ _____

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Back payments for rent owed while incarcerated  
owed to Civic Square Apts. Pleasanton, CA. 94566

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes X No     

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

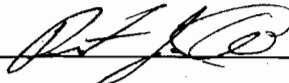
CV 08 2417; U.S. District Court For the Northern Cal.  
District San Francisco Venue

I consent to prison officials withdrawing from my trust account and paying to the court the initial partial filing fee and all installment payments required by the court.

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

6/4/08

DATE



SIGNATURE OF APPLICANT

Case Number: \_\_\_\_\_

**CERTIFICATE OF FUNDS**  
**IN**  
**PRISONER'S ACCOUNT**

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of \_\_\_\_\_ for the last six months  
[prisoner name]  
\_\_\_\_\_ where (s)he is confined.

[name of institution]  
I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ \_\_\_\_\_ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
[Authorized officer of the institution]

UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

ORIGINAL  
FILED  
08 MAY 30 PM 2:12  
RICHARD W. WIEKING  
CLERK  
UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA

Dear Sir or Madam:

Your complaint has been filed as civil case number \_\_\_\_\_

MMC

✓ A filing fee of \$350.00 is now due. If you are unable to pay the entire filing fee at this time, you must sign and complete this court's Prisoner's In Forma Pauperis Application in its entirety. If the application is granted, you will not have to prepay the fee, but it will be taken out of income to your prisoner account in installments.

(PR)

Your complaint is deficient because you did not pay the filing fee and:

1. ✓ you did not file an In Forma Pauperis Application.
2. \_\_\_\_\_ the In Forma Pauperis Application you submitted is insufficient because:

\_\_\_\_\_ You did not use the correct form. You must submit this court's current Prisoner's In Forma Pauperis Application.

\_\_\_\_\_ Your In Forma Pauperis Application was not completed in its entirety.

\_\_\_\_\_ You did not sign your In Forma Pauperis Application.

\_\_\_\_\_ You did not submit a Certificate of Funds in Prisoner's Account completed and signed by an authorized officer at the prison.

\_\_\_\_\_ You did not attach a copy of your prisoner trust account statement showing transactions for the last six months.

\_\_\_\_\_ Other \_\_\_\_\_

Enclosed you will find this court's current Prisoner's In Forma Pauperis Application, which includes a Certificate of Funds in Prisoner's Account form, and a return envelope for your convenience.

**Warning: YOU MUST RESPOND TO THIS NOTICE.** If you do not respond within **THIRTY DAYS** from the filing date stamped above, your action will be **DISMISSED**, the file closed and the entire filing fee will become due immediately. Filing a Prisoner's In Forma Pauperis Application will allow the court to determine whether installment payment of the filing fee should be allowed.

Sincerely,  
RICHARD W. WIEKING, Clerk,

By \_\_\_\_\_  
Deputy Clerk

rev. 11/07

ALEXANDER



**S03F06**

5/30/2008

5:44:36 AM

CANTEEN CORPORATION  
SANTA RITA JAIL (FRIDAY)  
Pick List

Name: ROBERT SAMUEL

Inv. Date: 05/30/2008

Id: AYC552

Module: S03F06

Invoice: 5259274

Serial #: 000227

Qty	Item	Code #	Price	Amount
9	RAMEN CHILI 3OZ 9	4415	\$0.95	\$8.55
2	SPICY TORTILLA CHIP	3109	\$1.40	\$2.80
3	CHEDDAR CH PUFFS	3111	\$1.43	\$4.29
2	HOT FRIES	3113	\$1.38	\$2.76
2	JALAPENO CHIPS	3103	\$0.98	\$1.96
2	CHILI CORN CHIPS	3112	\$1.28	\$2.56
1	FRENCH VANILLA 3OZ	2141	\$3.93	\$3.93
1	COCOA JOE 5OZ 13	2140	\$3.93	\$3.93
9	OYSTERS	4433	\$2.85	\$25.65
5	BAG O'RICE	4411	\$1.18	\$5.90
1	PEANUT BUTTER 12OZ	4071	\$3.08	\$3.08
2	DECAF COFFEE 3OZ	2164	\$3.23	\$6.46
4	OATMEAL/MAPLE 21	4116	\$1.88	\$7.52
5	TRAIL MIX	4104	\$0.85	\$4.25
1	TUBE SOCKS	8134	\$1.45	\$1.45
1	CUP 22OZ W/SPOON	6135	\$0.90	\$0.90
1	HANKERCHIEFS (3) 8	8179	\$2.90	\$2.90

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Previous Balance:	\$108.80	Base Sale:	\$88.89
New Balance:	\$19.48	Debitek:	\$0.00
		Tax:	\$0.43
		Total:	\$89.32

Signature: \_\_\_\_\_

WHEN ORDERING THE BLUE RAZOR THE NEW CODE FOR THIS ITEM IS 8366.

## Error Transactions:

Qty	Item	Code #	Reason
9	PORK CRACKLIN SPICY	3108	Out Of stock
1	OATMEAL/MAPLE	4116	Spending Limit Exceeded
2	YOGURT APPLE NUT MIX	4162	Spending Limit Exceeded
3	HOT CHEESE CRUNCHIES	3115	Spending Limit Exceeded
2	ATOMIC FIREBALLS	1118	Spending Limit Exceeded
2	LEMON DROPS	1120	Spending Limit Exceeded
2	SOUR FRUIT BALLS	1121	Spending Limit Exceeded
2	BEEF SALAMI 5OZ	4135	Spending Limit Exceeded
1	STRAWBERRY PRESERVES	4216	Spending

**S03F09**

5/23/2008

5:43:02 AM

CANTEEN CORPORATION  
SANTA RITA JAIL (FRIDAY)  
Pick List

Name: ROBERT SAMUEL

Inv. Date: 05/23/2008

Id: AYC552

Module: S03F09

Invoice: 5249187

Serial #: 000229

Qty	Item	Code #	Price	Amount
1	BK OF STAMPS (20PK)	6120	\$8.40	\$8.40
1	1.0 READING GLASSES	5500	\$7.50	\$7.50
2				
5	RAMEN CHILI 3OZ	4415	\$0.95	\$4.75
5				
1	PORK CRACKLIN SPICY	3108	\$1.23	\$1.23
1				
1	COLGATE TOOTHPASTE	8213	\$2.15	\$2.15
1	DIAL SOAP 3.5OZ	8106	\$1.13	\$1.13
1	MULTIVITAMINS (BOTTLE)	8152	\$3.65	\$3.65
3				

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Previous Balance:	\$30.40	Base Sale:	\$28.81
New Balance:	\$0.40	Debitek:	\$0.00
		Tax:	\$1.19
		Total:	\$30.00

Signature: \_\_\_\_\_

WHEN ORDERING THE BLUE RAZOR THE NEW CODE FOR THIS ITEM IS 8366.

## Error Transactions:

Qty	Item	Code #	Reason
1	HANKERCHIEFS (3)	8179	Out Of stock
2	PORK CRACKLIN SPICY	3108	Insufficient Funds
2	SPICY TORTILLA CHIP	3109	Insufficient Funds
1	CHEESE CURLS	3114	Insufficient Funds
1	PEANUT BTTR & JELLY	4112	Insufficient Funds
1	COFFEE CANDY 1.5OZ	1131	Out Of stock
2	COFFEE 3OZ	2104	Insufficient Funds
1	BUTTERSCOTCH DISCS	1119	Insufficient Funds
1	LEMON DROPS	1120	Insufficient Funds
2	BEEF SALAMI 5OZ	4135	Insufficient Funds
1	STRAWBERRY PRESERVES	4216	Insufficient Funds



*Robert Alexander*  
*P.O. Box 1, Apt 852 3F*  
*5325 Broadway*  
*Dublin, CA 94568*

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**BUSINESS REPLY MAIL**

FIRST-CLASS MAIL PERMIT NO. 12615 WASHINGTON DC

POSTAGE WILL BE PAID BY UNITED STATES COURTS

US DISTRICT COURT  
450 GOLDEN GATE AVE  
PO BOX 36060  
SAN FRANCISCO CA 94102-9680



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NECESSARY  
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IN THE  
UNITED STATES

- Confidential Legal Mail -

